

## AV MATERIALS REQUEST FORM

NAME: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

AV MATERIALS DESIRED (Give number and title)

SHOW DATE(S)

ALTERNATE DATE(S)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALTERNATE TITLE(S)

_____
_____
_____

MAIL OR FAX (808) 586-9104 REQUEST TO:

LIBRARY  
HAWAII OCCUPATIONAL SAFETY AND HEALTH DIVISION  
830 PUNCHBOWL STREET, ROOM 425  
HONOLULU, HAWAII 96813

### REMINDERS FOR NEIGHBOR ISLAND BORROWERS...

- 1) Please make your reservations as far in advance to allow enough time for mailing & showing.
- 2) Please return your programs with sufficient time to meet the due date indicated.